ELECTION AND POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

| Application Number | 10/588,145 |
|------------------------|-----------------------------------|
| Int'l Filing Date | October 29, 2004 |
| First Named Inventor | Jian Li |
| Title | MULTIFUNCATIONAL ROASTING OVEN |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 420023,401USPC |

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| | I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | | |
| I hereby app | JOINT | | | | | | | |
| Practitioners at Seed IP Law Group PLLC, Customer Number, 00500 | | | | | | | | |
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| as my/our efformoy(s) or agent(s) to prosecute the application identified above (and any continuation/divisional applications therefrom), and to transact all business in the United States Patent and Trademark Office connected therewith. | | | | | | | | |
| Please recognize or change the correspondence address for the above-identified application to: | | | | | | | | |
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| OR | | | | | | | | |
| The address | 2 #\$EOC B | sted with Custome | r Number: | - ١٠٠١ ۾ ملمو چيل دري | | ***** | | |
| [] Firm or Individual | Name | | | | | | Natur 1980 i 1980 av Santal | |
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| Telephone | | | | Email | | | | |
| I am the: | | | | | | | | |
| | [] Applicantinventor. | | | | | | | |
| Assigner of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(h) is enclosed. (Farm PTO/SSN6). | | | | | | | | |
| As assignee of record of the entire interest tiwe hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s). | | | | | | | | |
| BIGNATURE of Applicant or Assignee of Record | | | | | | | | |
| Signature | * | Zeleth | | | | Date | August 20, 2008 | |
| Namo | | #14-14-15-16-16-16-16-16-16-16-16-16-16-16-16-16- | | | | | | |
| Title and | Legsl Representative | | | | | | | |
| (Azsignes) | Guangahou Light Holdings Limited | | | | | | | |
| NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | |
| Total of | | | | | | | | |